



**Tennessee Agricultural Enhancement Program
Veterinarian Cattle Handling
Equipment and Facilities**

www.picktnproducts.org

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mail completed form to:
TN Department of Agriculture
P.O. Box 40627
Nashville, TN 37204
Attn: Livestock Improvement
Coordinator

No Faxes Accepted

**Applicant Information
Please Type or Print Clearly**

Name of Veterinary Clinic:			Date:	
Last Name:	First:	Middle:	Clinic Tax ID Number:	
Clinic Mailing Address:		City:	State:	Zip Code:
Clinic Physical Address: (if different-street, city, zip)			County:	
Premises ID #:	Premises Acct #:		Clinic Phone #:	
TN License #:	Clinic Phone #:		Email:	

Practice Information

What percentage of your practice pertains to cattle?	%
Of cattle serviced, what percentage is beef?	%
Of cattle serviced, what percentage is dairy?	%
Do you offer ambulatory cattle services?	%
Do you offer haul-in cattle services?	%

Equipment Information

Complete the tables below by marking the Cattle Handling Equipment for which you are applying for cost share assistance. You may check multiple blocks. Cost share assistance for veterinarian cattle handling facilities is 50% with a cost share maximum of \$5000.

Please note that all funds must be Pre-Approved prior to equipment purchase in order to qualify for this program.

Please estimate the amount of cost share funds for which you are applying.	\$
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Mobile Clinic Equipment <i>Check the equipment applying for</i>		
<input type="checkbox"/> Mobile Veterinary Unit Inserts	<input type="checkbox"/> Mobile Veterinary Full Body Units	
Cattle Handling Equipment <i>Check the equipment applying for</i>		
	<input type="checkbox"/> Head Gate <input type="checkbox"/> Squeeze Chute <input type="checkbox"/> Palpation Cage <input type="checkbox"/> Holding Chute or Pen <input type="checkbox"/> Working Chute <input type="checkbox"/> Loading and Unloading Area <input type="checkbox"/> Crowding Tub and Gate <input type="checkbox"/> Hoof Trimming Table/Chute <input type="checkbox"/> Animal Scales <input type="checkbox"/> Semen Tank <input type="checkbox"/> Equipment Foundation <i>Concrete, Geo-Textile, Gravel</i> <input type="checkbox"/> Radio Frequency Readers <i>must be capable of reading animal identification approved by U.S. Department of Agriculture</i> <input type="checkbox"/> Computer & software for reading scanners <i>must provide recording and transmittal of animal identification</i>	
NOT ELIGIBLE		
USED EQUIPMENT		CASH RECEIPTS
<i>I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or eligibility to participate in present and/or future Tennessee Department of Agriculture programs. I also understand that failure to utilize allocated funds can affect eligibility for future programs.</i>		
Veterinarian Signature		Date
Applicant will be notified upon review of application. Questions concerning this program may be directed to Dr. Charles Hatcher or Livestock Improvement Coordinator. Tennessee Department of Agriculture, P.O. Box 40627, Nashville TN 37204; 615-837-5309; Fax 615-837-5335		
Office Use Only		
Approval Signature:	Date of Approval:	Application #:
Allotment Code:	Cost Center:	Total Amount Approved:
Comments:		

REQUIRED FOR APPLICATION APPROVAL

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____